



UNITED STATES POSTAL SERVICE

Post Office To Addressee

		0.000
ORIGIN (POSTAL USE ONLY)		DELIVERY (POSTAL USE ONLY)
PO ZIP Code Day of Delivery	Flat Rate Envelope	Delivery Attempt Time Employee Signature
YOU 9 DINE	Second	Mo. Day AM PM
Date in	Postage	Delivery Attempt Time Employee Signature
Mo Day Year 12 Noon	□spm \$ /3.65	Mo. Day AM PM
Time In (/ 5'/) Military	Return Receipt Fee	Delivery Date Time Employee Signature
□ AM □-PM □ 2nd Day	3rd Day	Mo. Day AM. PM
Weight 5 40 Int'l Alpha Coul	ntry Code COD Fee Insurance Fee	WAIVER OF SIGNATURE (Domestid Only) Additional merchandise insurance is void if waiver of signature is requisited: I wish delivery to be made without obtaining signature of a waiver of agent (if delivery employee judges that drictice can be just in secure location) and (authorize that delivery employee's a signature consultation and (authorize that delivery employee's a signature consultation and (authorize that delivery employee's a signature consultation and (authorize that delivery).
No Delivery Acceptance CI	erk Initials Total Postage & Fees	NO DELIVERY Weekend Hollday
Weekend Holiday	\$ 3.07	Customer Signature and Advanced Service Control of Cont
METHOD OF PAYMENT: Express Mail Corporate Acct. No.	20	Federal Agency Acct. No. or Postal Sarvice Acct. No.
	2+6 647 6000	TO: (PLEASE PRINT) PHONE () 3 305 9262
GIFFURD KRASS G	POH & ASSUC PC ARD AVE STE 400	ASSISTANT COMMISSIONER FOR
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Submission of Proposed Drawing Amoro
Inventor: Hatter Filipping Alaxander Vanaga
Serial/Reg. No. Will Atty Docker No. 14 F - 3100
Date: 4-38-03 Date Due: 4-38-03 W/ 3/100
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55555

CHECK NO: ENDOR: Commissio, : f DISCOUNT TAKEN AMOUNT PAID UR REF. NO. YOUR INVOICE NUMBER .00

36962 CAF-31002/03 SK 4/28/03 465.00

465.00

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GIFFORD, KRASS, GROH, SPRINKLE, **ANDERSON & CITKOWSKI PC**

COMERICA BANK **DETROIT, MICHIGAN 48275** 9-9-720

280 N. OLD WOODWARD, SUITE 400 BIRMINGHAM, MI 48009 248-647-6000

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TO THE ORDER

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GIFFORD, KRASS, GROH, SPRINKLE, ANDERSON & CITKOWSKI PC

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